

New Jersey Department of Environmental Protection
Air Quality Permitting Program

Non Technical Amendment Application Form For Non-Major Facilities

This form is to be used only for Subchapter 8.21 amendments. (Do not use for Subchapter 22 amendments)

Amendment Types:

- | | |
|--|--|
| <input type="checkbox"/> Change in Company Name | <input type="checkbox"/> Change in Plant Name |
| <input type="checkbox"/> Change in Company Mailing Address | <input type="checkbox"/> Correction to Plant Address |
| <input type="checkbox"/> Change in Division Name | <input type="checkbox"/> Change in Plant Contact Information |
| <input type="checkbox"/> Transfer of Ownership | |

Fee - \$100 per application not per amendment type

Send Completed Application to:

Dept. of Environmental Protection
Bureau of Preconstruction Permits
PO Box 027
Trenton, New Jersey 08625-0027

Facility ID No. _____

New Facility Name: _____

New Mailing Address: _____

No.	Street	County
City	State	Zip

New Division and/or Plant Name: _____

Transfer of Ownership:

1. Previous Business Name: _____
2. Date Transfer of Ownership Occurred: _____
MM / DD / YR
3. Supply activity numbers to be transferred if you are **not transferring** the entire facility. Attach list if necessary.

As an authorized officer of the **PREVIOUS BUSINESS**, I release the ownership of the aforementioned air permits.

4. Signature of Previous Responsible Official (if possible): _____

5. Name of Previous Responsible Official (Print or Type): _____

Title: _____

FACILITY CONTACT AND COMPANY INFORMATION

Contact Types :

Responsible Official **(Required)**

Air Permit Information Contact - Individual with Direct Knowledge of Air Permit **(Required)**

Fee/Billing Contact – Person Responsible for Receiving Invoices **(Required)**

Consultant (Optional)

Attach Additional Sheets if Submitting Additional Contact Types

Contact Type Information

Contact's Company Information

Contact Type: _____

NJ Tax No. (EIN): _____

Name: _____

Company Name: _____

Title: _____

Organization Type¹: _____

Phone: () - _____

Mailing Address: _____

FAX: () - _____

Address Line 2: _____

E-mail: _____

City: _____ State: _____ Zip: _____

Contact Type: _____

NJ Tax No. (EIN): _____

Name: _____

Company Name: _____

Title: _____

Organization Type¹: _____

Phone: () - _____

Mailing Address: _____

FAX: () - _____

Address Line 2: _____

E-mail: _____

City: _____ State: _____ Zip: _____

Contact Type: _____

NJ Tax No. (EIN): _____

Name: _____

Company Name: _____

Title: _____

Organization Type¹: _____

Phone: () - _____

Mailing Address: _____

FAX: () - _____

Address Line 2: _____

E-mail: _____

City: _____ State: _____ Zip: _____

I certify under penalty of law that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information. Failure to provide accurate information will make this transaction null and void. As the operator of the transferred air permit(s), I agree to comply with all of the conditions and compliance plans set forth in each air permit transferred.

Signature of Responsible Official: _____

Name of Responsible Official (Print): _____

Title: _____ Date: _____

¹ **Organization Type:** Select one: Corporation, Commercial/Industry, Individually Owned, Partnership, Private, Public, Municipal, County, Federal, State or Utility